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Bib Data Sheet

CONFIRMATION NO. 9112

SERIAL NUMBER 09/849,907	FILING DATE 05/04/2001  RULE	CLASS 248	GROUP ART UNIT 3632	ATTORNEY DOCKET NO. 12929.0061	
APPLICANTS  Van Nguyen, South Houston, TX;  ** CONTINUING DATA *****  ** FOREIGN APPLICATIONS *****  REQUIRED, FOREIGN FILING LICENSE GRANTED 07/03/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
ADDRESS Stephen H. Cagle 750 Bering Drive Houston, TX 77057-2198					
TITLE APPARATUS FOR SUPPORTING MEDICAL FLUIDS					
FILING FEE  RECEIVED 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>ADDRESS</b> Stephen H. Cagle 750 Bering Drive Houston, TX 77057-2198					
<b>TITLE</b> Apparatus for supporting medical fluids					
<b>FILING FEE RECEIVED</b> 728	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		